

RILEY COUNTY PLANNING & DEVELOPMENT
110 Courthouse Plaza
MANHATTAN, KS 66502
(785) 537-6332, EXT. 7505

Log # _____
Date rec'd _____
Receipt # _____

Pd: ck # _____ cash

\$100.00 fee

APPLICATION:

MOBILE HOME PARK EVALUATION

Name of Mobile Home Park to be evaluated: _____

Address: _____
(Street) (City) (Zip Code)

Name of Owner: _____

Mailing address of Owner: _____
(Street) (City/State) (Zip Code)

Number of Trailers on property: _____

Water Supply Information (Circle "Yes" or "No" where indicated)

If public, provide name of system: _____

If private, complete the following:

1. Is a well (water supply) contained within this property? (Yes) (No)
2. Date of construction: _____ Permit # _____
3. Type of Well Pump (Circle one) (Jet) (Submersible)
4. Is there a water softener in the system? (Yes) (No)
5. Has the system been repaired? (Yes) (No)
6. Has any structure been treated to eliminate termites? (Yes) (No)

Wastewater Disposal Information (Circle "Yes" or "No" where indicated)

1. Type of system (Circle one) (Septic) or (Lagoon) Other _____
2. Date of installation: _____ Permit # _____
3. Number of Septic tanks on property: _____ Number of lateral fields: _____
4. Laundry wastewater is discharged to: _____
5. Date each tank was last pumped: _____ (attach copies of pumping reports)
6. Have all units been continuously occupied? (Yes) (No) If No, indicate dates of last occupancy _____
7. Has system ever been repaired / modified? (Yes) (No) If Yes, indicate date of repair/modification _____

.....
PROPERTY OWNER'S CERTIFICATION

I, (Print Name) _____, owner of the dwelling at the location described in this application do request an inspection of said property and do hereby certify that the wastewater disposal system is operating satisfactorily and without malfunction at the present time or at the time when last in use. I also certify that all information provided on this application is true and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER

DATE